## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

DEFRICKJOHNSON			
We the second se		15CV	5415
(In the space above en	nter the full name(s) of the plaintiff(s).)		
-against-		FOR EMP	PLAINT LOYMENT IINATION
DOM EFECTORS, INC.,			
		Jury Trial:	¥ Yes □ No (check one)
If you cannot fit the no provided, please write attach an additional si Typically, the compan to the Equal Employm	ater the full name(s) of the defendant(s).  ames of all of the defendants in the space  "see attached" in the space above and heet of paper with the full list of names.  y or organization named in your charge ent Opportunity Commission should be  Addresses should not be included here.)		
This action is bro	ught for discrimination in employe	nent pursuant to: (check on	ly those that apply)
<u>×</u>	Title VII of the Civil Rights Act to 2000e-17 (race, color, gende NOTE: In order to bring suit in federal Notice of Right to Sue Letter from the Ed	er, religion, national origi all district court under Title VII, y	n). vou must first obtain a
	Age Discrimination in Employs 621 - 634.  NOTE: In order to bring suit in feating the Employment Act, you must first file Commission.	leral district court under the A	lge Discrimination in
	Americans with Disabilities Ac 12117.  NOTE: In order to bring suit in federal of you must first obtain a Notice of Right Commission.	district court under the American	s with Disabilities Act,
	New York State Human Rights race, creed, color, national orig disability, predisposing genetic	in, sexual orientation, mi	ilitary status, sex,
<u>×</u>	New York City Human Rights 131 (actual or perceived age, a disability, marital status, partn citizenship status).	ace, creed, color, nationa	al origin, gender,

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ı.	Parti	es in this complaint:						
A.		your name, address and telephone number. Do the same for any additional plaintiffs named ach additional sheets of paper as necessary.						
Plaintiff		Name DEFFICK JOHNSON						
		Street Address POBOX 9076						
		County, City LOSANGELES, LOSANGELES						
		State & Zip Code CALIFOFNIA 90295						
		State & Zip Code CALIFOFNIA 90295 Telephone Number 3149336159						
B.	defend	l defendants' names and the address where each defendant may be served. Make sure that the lant(s) listed below are identical to those contained in the above caption. Attach additional sheets er as necessary.						
Defer	ndant	Name DCM EFECTORS, INC.,						
		Street Address 110 EAST 42ND ST., STE #1104						
		County, City NEW YORK, NEW YORK						
		County, City NEW YORK, NEW YORK State & Zip Code NEW YORK 10017						
		Telephone Number 2125991603						
C.	The ac	Employer						
II.	State	ment of Claim:						
discri to sup in the	minated apport those events generates, number	as possible the <u>facts</u> of your case, including relevant dates and events. Describe how you were against. If you are pursuing claims under other federal or state statutes, you should include facts be claims. You may wish to include further details such as the names of other persons involved iving rise to your claims. Do not cite any cases. If you intend to allege a number of related or and set forth each claim in a separate paragraph. Attach additional sheets of paper as						
A. T	he discri	minatory conduct of which I complain in this action includes: (check only those that apply)						
		Failure to hire me.						
	_×	Termination of my employment.						
		Failure to promote me.						
		Failure to accommodate my disability.						
	X	Unequal terms and conditions of my employment.						

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			Retal	iation.								
			Other	acts (sp	ecify):	···					•	
	Note:	Comn	ission o		onsidered by						ent Opportunity ral employment	
B.	It is m	y best r	ecollect	ion that	the alleged dis	criminato	ry acts o	occurred	on: AND	BEFORE 6/2	29/12	
								•		Date(s)		
C.	I believ	ve that	defenda	nt(s) (ch	eck one):							
			is stil	l commi	ting these acts	against n	ne.					
	X		is not	still con	nmitting these	acts again	ist me.					
D.	Defend	lant(s)	discrimi	nated ag	ainst me based	on my (a	check on	ly those	that apply	y and expl	ain):	
		K	race	BLACK		_	ĸ	color	NON W	HITE .		
			gende	er/sex	4,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,	-		religio	on			
			nation	nal origin	ı							
			age.		ate of birth is _ are asserting					our date o	f birth only	
			disabi	ility or p	erceived disab	ility,					_(specify)	
E.	The fac	cts of n	ıy case	are as fo	llow (attach a	dditional :	sheets a:	s necesso	ıry):			
On 6/2	9/12, with	out a v	erbal or v	written w	arning, I was di	scharged b	y the for	eman for	DCM Erec	tors. The re	easons that	
were g	iven were	that I "	didn't ge	et along w	rith others" and	"took too	long to f	inish a pr	oject". I ha	ve been a	certified we-	
der sin	ce 1994 a	nd a me	mber of	the unio	n since 1998. M	y experien	ce and ce	ertificatio	nsdemon	strate that	l was more	
than c	apable of	satisfac	torily pe	rforming	the duties of th	e position.	There w	ere white	semploye	ed in the sa	me position	
who di	d not hav	e the ce	ertificatio	onsthat I	was required to	have and	who cou	ld not we	ld in all po	ositions. I w	as not late	
					an used frivolo							
fill the	position.	wastre	eated diff	ferently ti	nan others with	my experi	ience/qu	alification	ns because	e I'm black/	"nonwhite".	
	Note:	your o	charge f	filed with	for the facts o the Equal En ghts or the Ne	nployment	Opport	unity Co	mmission	, the New		
Ш.	Exhau	istion	of Fed	eral Ad	ministrative	Remedie	es:					
A.	It is my Equation: 8/2	y best ro ual Em 712	ecollecti ployme	ion that I nt Oppor	filed a charge tunity counsel	with the I	ing defe	ndant's	nt Opport	tunity Con scriminato (Date).	ory conduct	

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В.	The Equal Employment Opportunity Commission (check one):								
	has not issued a Notice of Right to Sue letter.								
issued a Notice of Right to Sue letter, which I received on									
	Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Oppo								
C.	Only litigants alleging age discrimination must answer this Question.								
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commiss regarding defendant's alleged discriminatory conduct (check one):	tion with the Equal Employment Opportunity Commission ory conduct (check one):							
	60 days or more have elapsed.								
	less than 60 days have elapsed.								
IV.	Relief:								
	ibe relief sought, including amount of damages, if any, and the basis for such relief.)  re under penalty of perjury that the foregoing is true and correct.	_							
Signed	this 3rd day of July , 20 15.								
	Signature of Plaintiff  Address  PO BOX 9076								
	LOS ANGELES, CA 90295								
	Telephone Number 3149336159								
	Fax Number (if you have one)								
	(9 you have the)								

